

FOR OFFICE USE ONLY

Site No. _____

Permit No. _____

Plan No. _____

Census Tract _____ Ward _____

BUILDING HOUSING DEMO

OTHER _____

FRAME MASONRY

ZONING ONLY FEE _____ DATE _____

PLAN PROCESSING FEE _____ DATE _____

SWPPP FEE _____ DATE _____

PERMIT COST

_____ X _____ = \$ _____

1% State Surcharge = \$ _____

Zoning Fee = \$ _____

Late Fee = \$ _____

C.O. Fee = \$ _____

TOTAL = \$ _____

**CITY OF CLEVELAND
DEPARTMENT OF BUILDING & HOUSING**



**PERMIT APPLICATION FOR
1,2, & 3 FAMILY DWELLING UNITS**

IMPORTANT — APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I-V

I. PROJECT ADDRESS _____

FLOOR _____ SUITE _____ AKA _____

II. A. NATURE OF JOB

New Addition Other _____

Alteration Demolition Foundation Only

Use Correct Violations Temporary Use

Change of use-indicate former use _____

II. B. USE

ONE FAMILY

TWO FAMILY

THREE FAMILY

ACCESSORY USE: _____

III. CONSTRUCTION COST

New =

Addition =

Alterations =

Electrical =

Plumbing =

HVAC =

Fire Protection =

TOTAL COST = \$ _____

IV. DESCRIPTION BY APPLICANT (Describe in detail proposed work and use of property)

V. IDENTIFICATION (Please print legibly)

Name	Address	City	State	Zip	Phone/Fax/Email
1. Property Owner					P _____ F _____
					E _____
2. Lessee					P _____ F _____
					E _____
3. Contractor					P _____ F _____
					E _____
4. Architect/Engineer					P _____ F _____
					E _____
5. Contact Person					P _____ F _____
					E _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all laws of this jurisdiction. Any false statements, information, or omissions shall result in this permit application being deemed null and void.

SIGNATURE OF CONTRACTOR (OR HOMEOWNER)

FED. I.D. OR SOC. SEC. #

APPLICATION DATE

SIGNATURE OF APPLICANT

DATE

CONTRACTORS REGISTRATION APPROVED BY